

Team Nutrition School Mini-grant Application
Go The Distance Day

TN Team Leader(s)	Position	School	Address	phone	e-mail
Other TN Team members					
Principal or designee			Food service representative		
Classroom teacher (indicate grade level)			Classroom teacher (indicate grade level)		
School Nurse			Physical Education Teacher		
Parent			Community representative (include organization name)		
Community representative (include organization name)			Other (please describe)		

Budget - Identify items to be purchased and estimated costs. (2 points possible)

Classroom supplies	Cost	Staff time	Cost	Food	Cost
	total		total		total
Equipment	Cost	Office (printing, postage, etc.)	Cost	Other	Cost
	total		total		total
Total Amount Requested _____					

Check the assessment tool you used to identify your needs. (2 points possible)

School Name _____

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___ *Changing the Scene* Healthy School Nutrition Environment Checklist <http://www.fns.usda.gov/tn/Healthy/support.pdf> -

___ School Health Index <http://apps.nccd.cdc.gov/shi/>

___ Local School Wellness Self Assessment <http://www.fshn.hs.iastate.edu/schoolnutrition/>

Check Team Nutrition education channels or *Changing the Scene Components* covered by your Team Nutrition plan (1 point per channel or component checked- 12 possible)

If Team Nutrition Education Channels and *Changing the Scene* components are both checked, the activities must be separate and distinct in order to get points for both activities. For example, if you check classroom in the Team Nutrition Education model, you should not also check Nutrition Education in the component table unless you are working on a totally separate project, i.e. policies about nutrition education.

Team Nutrition Education Channels

	Classroom	School wide	Food service	Family	Community	Media
Education						

Changing the Scene Components

	Commitment to Nutrition and Physical Activity	Quality School Meals	Other Healthy Food Options	Pleasant Eating Experience	Nutrition Education	Marketing
Component						

1. What were the priorities identified in your needs assessment and how do the proposed activities address them? (2 points)

2. Describe activities you plan to conduct with the mini-grant and how they support the five Team Nutrition messages. (2 points)

3. How will the items listed in the budget support these activities? (2 points)

4. (BONUS POINTS - OPTIONAL) Describe Team Nutrition activities planned for the community using in-kind support, over and above activities supported with the mini-grant (2 points)

School/student information:

What percent of students in your school are eligible for free/reduced price school meals? ____%

Number of students enrolled in the school. _____

I understand that as a condition of our school receiving this mini-grant, I will submit a brief description of the activity funded by the grant and submit receipts for payment of expenses.

(Principal - print name)

(Principal - signature)

Date signed

Mail Application to:

Patti Delger, Team Nutrition Grant Project Director (patti.delger@iowa.gov or 515-281-5676)
Bureau of Nutrition, Health and Transportation Services
Grimes State Office Building
400 East 14th St.
Des Moines, IA 50319-0146